

TANNING BED LIABILITY APPLICATION

- *1. Name of applicant _____
- *2. Address of applicant _____

- *3. Location of business _____
- *4. Number of years experience in this business _____
- *5. Number of years experience in other business _____
- *6. Describe other business(es) _____

- *7. Effective date of policy _____
- *8. Limits desired _____
- *9. Previous carrier (last three years) _____

- *10. Previous premiums paid (last three years) _____

- *11. Any losses (last three years) _____

- *12. Describe losses if "yes" to No. 7 _____

- 13. Describe training given to new employees _____

- 14. Describe method used to determine length of time permitted on tables _____

- 15. Are timing controls on table or at front desk _____
- 16. Are any products of any type sold _____. If yes, what type _____

- 17. Are products nationally known or manufactured by insured _____

- 18. Gross receipts _____ Payroll _____
- 19. Number of tables _____ List manufacturer of tables _____
- 20. Percentage of Ultraviolet Alpha (UVA) _____ Beta (UVB) rays _____
- 21. Are goggles worn _____ If not, why _____

22. Manufacturer of lightbulbs used _____

*23. Are any babysitting services provided _____

***Answers to these questions not needed when completing Toning Salon Application.**

NO COVERAGE IS BOUND UNTIL ACCEPTED AND APPROVED BY COMPANY OR ITS AGENT.

Applicant's Signature _____

Agency Name _____

Address _____

TANNING BED CONDITIONS

In consideration of the premium charged, it is understood and agreed that the Insured, as a condition precedent to this policy providing liability coverage for losses as defined herein, shall do the following:

(1) Provide eye goggles for each customer and post conspicuous signs requiring their use.

It is further understood and agreed that this policy covers only those tanning beds equipped with UVA type lights, or UVB lights which do not account for more than five percent (5%) of the light rays produced.

All other terms, conditions and agreements of the policy shall remain unchanged.

Authorized Acceptance Signature of Insured